2. A. 2104

10/09924

PTO/SB/06 (08-03)
Approved for use through 7/31/2006, Ox48 0851-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE
o a collection of Information unless a develope a collection.

PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875									3010999224		
CLAIMS AS FILED ~ PART I  (Column 1) (Column 2) SMALL ENTITY									OR	OTHER THAN	
FOR NUMBER FILED			NUMBE	NUMBER EXTRA		RATE	FEE		RATE	FEE	
BASIC FEE (37 CFR 1.16(a))							5	OR		5	
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 × *				x s•		OR	x \$=	
	PENDENT CLAIR FR 1.16(b))	49	minus 3 = "				x s		OR	x s•	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))							+5 .		OR	+1	
" If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
(Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR		R THAN ENTITY
ENT A		GLAIMS REMAINING AFTER AMENOMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
¥ E	Total promises	. 38	Minus -	38	-		× \$ =		ÓR	x s •	
ENDM	Independent CITCHE 1.10(b))	. 9	Minus	- 9	•		x 3=		OR	x \$=	
₹	FIRST PRESENT	ATION OF MULTIPL	E DEPENDEN	TOLANA (37 CF	R 1.15(d))		+5 .		OR	+3 .	
9/90/04						,	TOTAL ADD'L FEE		OR	TOTAL ADO'L FEE	
-4	4/10/	(Claims 1)		(Column 2) HIGHEST	(Column 3)	1					
N E		REMAINING AFTER AMENDMENT	,	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
DMENT	Total profit (4(4))	38	Minus	38	82		x s		OR	x s=	./
ᇜ	Independent GI OFR 1.1958	. 9	Minus *	-9	· &		X 5=		OR	x s=	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(47)					ŀ	+5=		OR	+5=	
TOTAL ADDITEE OR ADDITEE											4
<u> </u>	ण्य प्र	(Column 1)	,	(Column 2)	(Column 3)						
υ Σ	: 	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
ENDMENT	Total 07 0FR 1.59cg	. 25	Minus *	35			x \$*		OR	x \$*	
EN I	Endependent (DZ CFR 1.56(b))	. 5	Minus	9	•	ľ	x \$=		OR	x \$	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))						+8=	N .	OR	+ 3	
							TOTAL ADD'L FEE		OR	ADOL FEE	
Tithe entry in column 1 is less than the entry in column 2, write "0" in column 3.  Highest Number Previously Paid For" Ht THIS SPACE is less than 20, enter "20".  The "Trighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

The T-ignest Number Proviously Paid For (Total or Independent) is the highest number lound in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) as application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete despitication form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Dependent of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2